

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION  
**WORKFORCE SERVICES**  
sdjobs.org

**SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAM  
PHYSICAL EXAM WAIVER**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Tel: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

I have been offered a no-cost physical exam by the Senior Community Service Employment Program (SCSEP). I understand that a physical exam is offered as a benefit and is not meant to keep me from participating in the program. I release the Department of Labor and Regulation from any liability resulting from my refusal to have a physical exam. I certify that my decision to waive the physical exam is made voluntarily and of my own free will.

- ☐ I wish to have a physical exam.
- ☐ I do not wish to have a physical exam.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

***State or local law or regulations may prohibit assignment to certain positions if the physical is waived. The participant should be given a copy of this waiver.***